

CLAIMS ONLY							Application Number 10719330		Filing Date		
							Applicant(s)				
							* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
1	1						51				
50							100				
Total Indep	1						Total Indep				
Total Depend	4						Total Depend				
Total Claims	5						Total Claims				